

IPDR6702		NORTH CAROLINA				PAGE: 1			
RUN DATE: 02/08/2004		IPRS CHECKWRITE SUMMARY REPORT							
		CHECKWRITE DATE: 02/10/2004							
		FINANCIAL PAYER: NCDCMH							
PROVIDER		HIGH DENIAL	NUMBER OF		TWC	TOTAL	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS	CLAIMS
							FINALIZED	PAID	
3404901	SMOKY MOUNTAIN H/DD/SAS	21	848	DUPLICATE OF CLAIM-SYSTEM					
		11	241	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	1089	1129	40	
3404902	BLUE RIDGE COMM UNITY	8599	610	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					
		191	77	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	1	767	2611	1844	
		21	75	DUPLICATE OF CLAIM-SYSTEM					
3404904	WESTERN HIGHLAN DS LME	0	0	*** NO DATA TO REPORT ***					
		0	0		0	0	0	0	
3404905	TREND COMM MENT AL HLTH CTR	0	0	*** NO DATA TO REPORT ***					
		0	0		0	0	0	0	
3404907	RUTHERFORD-POLK	8599	58	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					
		8622	40	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	26	191	1120	929	
		10	31	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR					
3404910	PATHWAYS	8505	119	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET					
		24	119	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI	1	491	835	344	
		21	89	DUPLICATE OF CLAIM-SYSTEM					
3404912	CATAWBA COUNTYM ENTAL HEALT	11	6	CLIENT NOT ELIGIBLE ON SERVICE DATE					
		0	0		0	6	21	15	
3404913	MECKLENBURG COM ENTAL HEALT	8505	151	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET					
		8933	24	ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	32	210	1400	1190	
		8599	20	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					
3404916	CROSSROADS BEHA VIOAL HEAL	8621	16	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.					
		8599	14	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	2	37	616	599	
		21	5	DUPLICATE OF CLAIM-SYSTEM					

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3404917	CENTERPOINT HUM AN SERVICES	8599	3176	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8326	1209	ATTENDING PROVIDER NUMBER IS R EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A	1	4448	4574	126
		143	25	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404918	ROCKINGHAM CO M ENTAL HEALT	8599	76	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	56	CLIENT NOT ELIGIBLE ON SERVICE DATE	11	202	1841	1639
		21	20	DUPLICATE OF CLAIM-SYSTEM				
3404919	GUILFORD CO MEN TAL HEALTHC	8505	1062	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	320	CLIENT NOT ELIGIBLE ON SERVICE DATE	262	2426	3678	1252
		8599	239	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404920	ALAMANCE CASWEL L AREA MH D	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404921	ORANGE PERSON C HATHAM AREA	5312	648	PRIOR AUTHORIZED DOLLARS EXCEE DED				
		5404	250	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	26	1514	4640	3126
		8599	172	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404922	THE DURHAM CENT ER	21	3110	DUPLICATE OF CLAIM-SYSTEM				
		191	310	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	4081	6784	2703
		8599	270	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404923	VGFW AREA AUTHO RITY	8505	181	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	62	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	6	380	1044	664
		21	53	DUPLICATE OF CLAIM-SYSTEM				
3404924	PIEDMONT AREA M H/DD/SAS	8525	145	CLAIM DENIED, REFERRING PROVID ER MUST BE AN LMA.				
		191	4	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	149	149	0
3404925	SANDHILLS CENTE R FOR MH/DD	8505	489	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8502	28	CLAIM DENIED DUE TO INSUFFICIE NT ALLOTMENT	14	560	717	157
		8599	21	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404926	SOUTHEASTERN RE G MENTAL HL	8505	754	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	170	CLIENT NOT ELIGIBLE ON SERVICE DATE	114	1362	3216	1954
		8599	137	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404927	CUMBERLAND CO M HC	8505	1050	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	260	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	23	1531	5211	3680
		8800	93	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404929	LEE HARNETT MH/ DD/SAS	8599	47	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	31	CLIENT NOT ELIGIBLE ON SERVICE DATE	1	149	3666	3517
		120	27	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404930	JOHNSTON COUNTY MNTL HLTRC	21	4	DUPLICATE OF CLAIM-SYSTEM				
		8931	2	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	2	6	114	108
3404931	WAKE CO HUM SVC BILLING OF	21	98	DUPLICATE OF CLAIM-SYSTEM				
		0	0		0	98	147	49
3404932	RANDOLPH/SANDHI LLS CO MH C	5404	2	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
		8505	1	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	2	6	53	47
		8932	1	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	1170	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	125	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	46	1434	2360	926
		8931	29	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404934	ONslow COUNTY B EHAVIORAL H	537	90	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE				
		8505	84	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	8	393	1158	765
		11	56	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404936	WILSON-GREENE M ENTAL HEALT	8931	13	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8932	8	CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	28	42	470	428
		8935	7	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404937	EDGEcombe NASH MNTL HLTH C	21	24	DUPLICATE OF CLAIM-SYSTEM				
		8505	15	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	1	42	656	614
		8931	1	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404938	HALIFAX COUNTYM ENTAL HEALT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404939	NEUSE MENTAL HE ALTH CENTER	24	332	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI				
		8599	137	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	28	1051	2729	1678
		8518	135	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				
3404941	PITT CO MH/DD/S AS CENTER	120	243	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
		191	52	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	21	471	2060	1589
		8599	44	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404942	ROANOKE CHOWANN UMAN SERVIC	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404943	ALBEMARLE MENTA L HEALTH CE	21	2010	DUPLICATE OF CLAIM-SYSTEM				
		11	74	CLIENT NOT ELIGIBLE ON SERVICE DATE	52	2241	2720	479
		8599	41	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404944	EASTPOINTE HUMA N SERVICES	21	200	DUPLICATE OF CLAIM-SYSTEM				
		8935	84	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	164	523	3361	2838
		8599	77	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	TOTAL
					DENIALS	DENIALS	FINALIZED	PAID
3404946	FOOTHILLS AREAM	143	47	CLIENT ID NUMBER NOT ON STATE				
	ENTAL HEALT			ELIGIBILITY FILE				
		191	31	CLIENT ID NUMBER DOES NOT MATC	8	127	1149	1022
				H PATIENT NAME				
		8599	31	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404957	TIDELAND MENTAL	8505	2409	CLAIM DENIED DUE TO INSUFFICIE				
	HEALTH CTR			NT BUDGET				
		8800	54	FURTHER PROCESSING NECESSARY,	0	2463	2465	2
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404959	DAVIDSON CO MEN	0	0	*** NO DATA TO REPORT ***				
	TAL HLTH CT							
		0	0		0	0	0	0
3404979	NEW RIVER AREAM	8505	59	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SA PRO			NT BUDGET				
		8800	11	FURTHER PROCESSING NECESSARY,	0	72	91	19
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		191	2	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				